

Tennessee Bureau of Workers' Compensation 220 French Landing Drive, I-B Nashville, TN 37243-1002 800-332-2667

FORM I-4

NOTICE OF ELECTION

This form is to be completed by a:

- sole proprietor,
- member of an LLC, or
- partner

who is not a construction services provider as defined in T.C.A §50-6-901, who wishes to be considered as an employee and elects to come under the provisions of the Tennessee Workers' Compensation Law. This form is not to be filed with the Bureau of Workers' Compensation.

| To | | | , t | , the Insurance Carrier of the Business named | | | |
|----------------------------------|-------|------|---|---|--------------|-----|--|
| below: | | | | | | | |
| You are hereby noti | fied | that | I, | | | | |
| | | | Type or Print Individual's Name | | | | |
| being a (check one) | (|) | Sole Proprietor | | | | |
| | (|) | Member of LLC | | | | |
| | (|) | Partner | | | | |
| in the following bus | sines | s: | | | | | |
| | | | | | | | |
| Business Name & FEIN: | | | | | | | |
| hereby elects to con | ne ui | nder | the provisions of the Tennessee Wo Signature | rkers' Com | pensation La | .W. | |
| | | | Social Security Number | | | | |
| | | | Business Physical Street Addre | ess City | State | Zip | |
| | | | Business Mailing Address | City | State | Zip | |
| Signed this | da | y of | , 20 | | | | |

LB-0228 (REV 6/17) RDA 10183